

HEALTH CHECK TECHNICAL VISIT

County: _____ Date of Visit: _____

Site Visit Participants (Names and Titles):

Confirm Names, Phone numbers and Fax Numbers on Contact Sheet. Note any corrections or changes.

Review the Monthly Accounting Activities Report

1. Due on the 10th of each month
2. Information is accurate; line 5 and 15 equal
3. Coordinators time;
 - Client related activities meet the 75% time requirement
 - Direct client related activities meet the 50% time requirement

Questions or Concerns:

Prioritizing daily activities, methods for following children in the county:

Data Shell/AINS (Be sure to contact Brenda Boone or Linda Wilson, EDS for additional support)

Review Suggested Local Orientation Guide for New Health Check Coordinators, Appendix 6 of the State Health Check Policies and Procedures.

Dental Outreach Activities:

Other Concerns:
